

been so general, should be abandoned, as it makes the treatment appear to the patient in the light of punishment and to the hospital staff and management as a disagreeable duty. The interests of all are thus sacrificed to sentiment, and in the confusion the propaganda for better morals is not effectively advanced.

Medically speaking, our results confirm the prevailing view that once syphilis has invaded the body it is very difficult if not impossible to eradicate. Systematic treatment is, however, capable of minimizing its effects for the individual, and at the same time rendering him almost innocuous to the community. Such a clinic as this is probably more successful in securing treatment in this systematic way than is management by the private practitioner.

It being assumed that such clinical facilities as those described have been made available in adequate amount, the attack on syphilis as a community problem should involve as a measure of the first importance systematic effort to secure treatment at the earliest possible moment for those infected.

THE CARDIOVASCULAR DEFECTIVE.

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WHEN material is plentiful it is not an unusual experience to discover new diseases or new symptoms or new relationships between diseases and symptoms. Impressions and facts found and seen in isolated cases which do not seem striking, assume added importance when seen time after time over a brief period in numbers of cases.

To most physicians the opportunity of observing thousands of the young manhood of this country, both well and ill, has come as a wonderful experience. Out of it has developed a great number of most valuable observations, many of which are of use in the civilian practice of medicine, surgery and allied branches. We have had to change certain of our ideas. Other ideas we have been able to establish on a firm basis, and still other ideas have been developed as we have gained in experience.

It was not unknown before the late war that there was a group of young men who suffered from inability to adjust themselves to their environment. Such cases were, for the most part, seen by neurologists who classified them among the psychoneuroses. Some cases who complained more particularly of their hearts fell into the hands of the general practitioners or the heart specialists. The number of

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A CASE OF PERFORATED GASTRIC ULCER, WITH ABSCESS FORMATION; PERFORATION THROUGH THE LUNG, WITH SPONTANEOUS RECOVERY.¹

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CASES of perforation of the stomach and duodenum leading to subphrenic abscess, with rupture through the lung, are of sufficient rarity to be of interest. The patient, Mr. W. P. G. aged fifty-one years, was first seen in consultation with Dr. O. N. Duvall on April 5, 1917. His family and personal histories were entirely negative and unimportant, except as related to his gastro-intestinal tract.

The patient had complained of gastric disturbance for the past twenty-five to thirty years. During this period there was frequent indigestion, consisting mainly of fulness after meals and belching. For the past eight to ten years the attacks of indigestion were periodic, lasting for three or four weeks to several months at a time. These attacks were characterized by pain in the stomach appearing two hours after meals, more marked after solid food, which were

¹ Read at the meeting of the Association of American Physicians, Atlantic City, June 17, 1919.